



2022 Christmas Assistance Application Schedule

Locations for interviews to apply for Christmas Assistance:

Rogers	Central United Methodist Church in Rogers, 2535 W. New Hope Road First Baptist Church in Rogers, 626 W. Olive Street
Siloam Springs	Boys & Girls Club, 655 Heritage Court
Bentonville	First Presbyterian Church, 901 NE J Street
Decatur	Decatur Middle School Gym, 1498 Stadium Avenue
Gentry	Gentry Middle School Cafeteria, 1265 Pioneer Ln

Please note that we will evaluate the line for applications and end the line at our discretion to ensure that our volunteers leave on time.

October

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
No Applications	No Applications	No Applications	No Applications	No Applications	1 Siloam Springs Boys & Girls Club 9 AM - 12 PM
3 Gentry Gentry MS/HS Cafeteria 4 PM – 7 PM	4 No Applications	5 Bentonville First Presbyterian Church 9 AM – 12 PM	6 Bentonville First Presbyterian Church 4 PM – 7 PM	7 No Applications	8 No Applications
10 Bentonville First Presbyterian Church 9 AM – 12 PM	11 Decatur Middle School Gym 4 PM – 7 PM	12 No Applications	13 Rogers Central United Methodist Church 4 PM – 7 PM	14 No Applications	15 No Applications
17 Rogers Central United Methodist Church 4 PM – 7 PM	18 Rogers Central United Methodist Church 4 PM – 7 PM	19 No Applications	20 No Applications	21 No Applications	22 Rogers Central United Methodist Church 9 AM – 1 PM
24 No Applications	25 Rogers First Baptist Church 9 AM – 12 PM	26 No Applications	27 LAST DAY Rogers First Baptist Church 9 AM – 1 PM	28 No Applications	29 No Applications

2022 Christmas Assistance Application Requirements

www.sharingandcaringkids.com
Facebook & Instagram: @ SharingCaringBC

Dear Parents and Guardians,

- Christmas assistance will be provided to ALL qualifying families who complete the application process
- Each applicant MUST complete an in-person interview to complete their application and receive assistance. Due to limited space at our locations, we do not allow children
- Families are encouraged to apply regardless of immigration status
- By applying with Sharing & Caring, applicants are agreeing not to seek assistance with any other organization. If we find a family has asked for assistance from another organization, they will forfeit their gifts and will not be allowed in the Sharing & Caring program for the following year.
- Please email any documentation concerns to sharingandcaringbc@gmail.com

Eligibility Requirements:

- Only residents of Benton County may apply
- Only parents or legal guardians may apply (must have proof of legal guardianship)
- Children must be under 18 years of age OR working toward completion of high school.
- Sharing & Caring is an income-based program. Families who qualify for Free or Reduced Lunch will typically qualify. DHS recipients of SNAP automatically qualify.

REQUIRED Document Checklist for each Family

1 - Photo ID (original or copy) of the applicant(s) and any who are authorized to pick up gifts on applicant(s) behalf

- Only 1 non-applicant may be authorized to pick up gifts on the applicant(s) behalf

2 - Social Security Card or proof of ITIN of parent(s) and/or guardian(s)

- Foreign Photo ID will be accepted for migrants or foreign nationals

3 - Proof of Benton County Residency

- A recent utility bill with the applicant's name and physical address dated within the last 90 days.
- If you do not have a utility bill you must have two other forms of accepted mail (doctor's bill, car insurance, cable bill, etc). Junk mail will not be accepted.

4 - Proof of all Household Income

- Verification of all income sources for the household, including:
 - Pay stubs dated after August 20, 2022 (from all employers)
 - Self-employment income (Income Verification Form or 2021 Tax Return)
 - Disability benefits, Child Support, or Military Income as applicable
- DHS Recipients of SNAP automatically qualify with current Notice of Action from DHS
 - Please note: your local DHS office will not provide a duplicate copy

REQUIRED Documents for each Child

1 – Official State Issued Birth Certificate OR Proof of Legal Guardianship for each child.

- Applicant's name MUST appear on the document.
- Hospital issued birth certificates will not be accepted for children older than 6 months

2 – Social Security Card (original or copy) for each child.

- If one is not available obtain a recent **School Summary Profile** from the child's school.

If Applicable:

School Summary Profile for children over 18 who are working toward completion of high school

Expectant mothers can apply for their unborn child due before 04/01/2023.

- Applicant must have a doctor's note with the mother's name and estimated due date written on hospital letterhead as proof of pregnancy.



Sharing & Caring
OF BENTON COUNTY

2022 Christmas Assistance Application

Application must be filled out in English, in legible handwriting and with Blue or Black ink ONLY.

All information is required. Application must be filled out completely prior to attending application process date.

Guardian 1 – Last Name	Guardian 1 – First Name	Guardian 1 – SSN /TIN /Foreign ID	
Guardian 1's Telephone Number	Guardian 1 – Place of Employment		
Guardian 2 – Last Name	Guardian 2 – First Name	Guardian 2 – SSN /TIN /Foreign ID	
Guardian 2's or Alternate telephone number	Guardian 2 - Place of Employment		
Applicant's Residential Address	City	Zip	
Applicant's Mailing Address (ONLY if different than residential address – PO Box ONLY)			
Guardian 1's Email Address	Guardian 1's - Birth Year		
Guardian 2's Email Address	Guardian 2's - Birth Year		

* Email address needed for future contact. Request for ethnicity and birth year are for statistical purposes ONLY.

Guardian 1's - Ethnicity:	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian
	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Native American	<input type="checkbox"/> Decline to respond	
Guardian 2's - Ethnicity:	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian
	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Native American	<input type="checkbox"/> Decline to respond	

Signature of Guardian

Date

Family ID: _____

Sponsor ID: _____

Only Benton County residents are eligible.
Only parents/legal guardians may apply.
Parents/guardians may apply for children up to 18 years of age OR working toward completion of high school.

Required Documents:

- Photo ID of the applicant and any who are authorized to pick up gifts
 - Social Security Card, proof of TIN, or foreign ID of the parent(s) and/or guardian(s)
 - Proof of Benton County Residency
 - Proof of Family Income
 - State Issued Birth Certificate OR Proof of Legal Guardianship for each child
 - Social Security Card (original or copy) or School Summary Profile for each child
- Please email sharingandcaringbc@gmail.com with any documentation concerns

Únicamente los residentes del Condado de Benton pueden aplicar.

Sólo los padres/representantes legales de los niños pueden aplicar.

Los padres/representantes legales pueden aplicar para niños de hasta 18 años de edad o que estén estudiando para graduarse de HighSchool.

Documentos Requeridos:

- Identificación oficial del aplicante / persona autorizada para recoger los regalos en nombre del aplicante
 - Tarjeta del Seguro Social, prueba del TIN, o identificaciones de otro país de los padres o representantes legales
 - Prueba de residencia del Condado de Benton
 - Prueba de ingreso familiar
 - Certificado de Nacimiento EMITIDO POR EL ESTADO o prueba de tutela legal de cada niño
 - Tarjeta de Seguro Social (o copia de la tarjeta) o Perfil de Resumen Escolar (Student Summary) para cada niño
- Cualquier duda o comentario favor de enviarlo a sharingandcaringbc@gmail.com



***If you are pregnant and due before April 1, 2023, please provide proof of your estimated due date with an ultrasound or doctor's note.**
 Estimated Due Date: _____

Family ID: _____
 Sponsor ID: _____

***NOTE FOR VOLUNTEERS: Please make sure to complete a child column below for each expectant child and all other siblings.**

Child A				Child B				Child C				Child D			
Child's First & Last Name <input type="checkbox"/> Boy <input type="checkbox"/> Girl				Child's First & Last Name <input type="checkbox"/> Boy <input type="checkbox"/> Girl				Child's First & Last Name <input type="checkbox"/> Boy <input type="checkbox"/> Girl				Child's First & Last Name <input type="checkbox"/> Boy <input type="checkbox"/> Girl			
Date of birth Month / day / year				Date of birth Month / day / year				Date of birth Month / day / year				Date of birth Month / day / year			
Child's SSN				Child's SSN				Child's SSN				Child's SSN			
Child's School				Child's School				Child's School				Child's School			
Clothes Sizing: Indicate toddler, child, junior, or adult for each item. *Junior sizes are GIRLS ONLY				Clothes Sizing: Indicate toddler, child, junior, or adult for each item. *Junior sizes are GIRLS ONLY				Clothes Sizing: Indicate toddler, child, junior, or adult for each item. *Junior sizes are GIRLS ONLY				Clothes Sizing: Indicate toddler, child, junior, or adult for each item. *Junior sizes are GIRLS ONLY			
Jacket	Shirt	Pants	Shoes	Jacket	Shirt	Pants	Shoes	Jacket	Shirt	Pants	Shoes	Jacket	Shirt	Pants	Shoes
Clothing Needs:				Clothing Needs:				Clothing Needs:				Clothing Needs:			
1.				1.				1.				1.			
2.				2.				2.				2.			
3.				3.				3.				3.			
4.				4.				4.				4.			
<u>Wish List Items:</u>				<u>Wish List Items:</u>				<u>Wish List Items:</u>				<u>Wish List Items:</u>			
1.				1.				1.				1.			
2.				2.				2.				2.			
3.				3.				3.				3.			
4.				4.				4.				4.			
Volunteer & Staff Notes				Volunteer & Staff Notes				Volunteer & Staff Notes				Volunteer & Staff Notes			



Sharing & Caring
OF BENTON COUNTY

Verification of Earnings

Applicants: This form must be completed by the employer of each person in the household that is paid in cash.

To Employer:

For Sharing & Caring of Benton County to determine eligibility for the below-referenced employee to receive Christmas assistance, we need you to verify the information below. This ensures that our sponsorship dollars are used only to benefit families that financially qualify for assistance. We appreciate your cooperation.

PLEASE PROVIDE YOUR **EMPLOYEE'S INFORMATION, YOUR INFORMATION AND SIGNATURE, AND YOUR COMPANY'S STAMP BELOW.**

Employee's Name (must match photo ID)

Employee's Address

SSN/ITIN/Country ID # of Employee

Employee's Telephone Number

The above employee earns \$_____ per hour. He/She works an average of _____ hours per week.

1. Check the forms employee received for 2020: W-2 1099 N/A
2. He/She is paid: Weekly Bi-weekly (every 2 weeks) Monthly
3. Please provide **GROSS EARNINGS** (before deductions) paid to this employee.

Pay Period Ending (MM/DD/YYYY)	Hours Worked	Gross Wages

Employer Signature

Date (MM/DD/YYYY)

Telephone Number

Company Name

Address